

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050597

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 237

FILED DEC 26 1963

VS 300  
Rev. 4/59

1 1085

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12 90-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Nevada</b>		c. CITY OR TOWN <b>Nevada</b>	
Length of stay in 1b <b>Lifetime</b>		Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>614 North Washington</b>		d. STREET ADDRESS (If outside, give location) <b>614 North Washington</b>	
Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <b>Yes</b> <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>AMELIA</b> Middle <b>ELSIE</b> Last <b>DUNCAN</b>		4. DATE OF DEATH Month <b>December</b> Day <b>16</b> Year <b>1963</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-14-1894</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (City and state or country) <b>Vernon County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Thomas Overton</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Ann Monroe</b>	
14. NAME OF HUSBAND OR WIFE <b>Ira Duncan, Deceased 1961</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Mrs. Paul Erickson, Oklahoma City, Oklahoma</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral vascular accident</b> DUE TO (b) <b>Cerebral arteriosclerosis</b> DUE TO (c) <b>[REDACTED]</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b> <b>Unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m. Month, Day, Year <b>[REDACTED]</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Nevada, Mo.</b>		
21. I attended the deceased from <b>Sept. 1960</b> to <b>Dec. 16, 1963</b> and last saw her alive on <b>Dec. 5, 1963</b> Death occurred at <b>Nevada, Mo.</b> <b>8:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>L.P. McCann, M.D.</b>	
22b. ADDRESS <b>Moore Bldg., Nevada, Mo.</b>		22c. DATE SIGNED <b>12/19/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>December 19 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Moore Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>
24. FUNERAL DIRECTOR <b>Ferry Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>12-20-1963</b>	26. REGISTRAR'S SIGNATURE <b>Anna G. Perry</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*L. Anglin Perry*

Licensed Embalmer No.

4960

P. O. Address

Newada, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.